

2589

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
Registrar No. 272-1925
Local Registrar No. _____

1. County of _____
District of _____
Town of Globe
or
City of _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

2. Full name of child

Sassoè Orsola Maria

3. Sex of Child

FemaleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes7. Date of birth August - 28th - 1904
Month day year

8.

FATHER

Full name

Sassoè Pietro

9. Residence

(Usual place of abode)

If nonresident, give place and state

Colleretto Castelnuovo
(Italy)

10. Color or race

White11. Age at last birthday year 1864 (Years)

12. Birthplace (city or place)

(State or country)

Colleretto Castelnuovo
(Italy)

13. Occupation

Nature of industry

dealer

14.

MOTHER

Full maiden name

Gallo Caterina

15. Residence

(Usual place of abode)

If nonresident, give place and state

Colleretto Castelnuovo
(Italy)

16. Color or race

White17. Age at last birthday year 1876 (Years)

18. Birthplace (city or place)

(State or country)

Colleretto Castelnuovo
(Italy)

19. Occupation

Nature of industry

housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 5(b) Born alive but now dead 0(c) Stillborn 0

21. Were precautions taken against oph-

thalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:20 m. on the date above stated.

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child
is one that neither breathes nor shows other
evidences of life after birth.

Given name added from
a supplemental report

Signature

Address

Father Sassoè Pietro (Mother) Gallo Caterina
Colleretto Castelnuovo
Filed Nov 10 1925 Dr. H. Horst M.D.
Local Registrar.

Month, day, year.

Registrar.

Filed

County Registrar.

665-12-11-10